Annual Report
Guidelines
For the 2009/2010
School Year

UNDER REVIEW **May 2010**

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Student Health Partnership: Updated Annual Report Guidelines for 2009/2010

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Note: Student Health is a joint endeavor of Alberta Education, Alberta Health and Wellness and Alberta Children's Services.

This document is a companion to the
Student Health Partnership: Service Plan Guidelines for 2009/2010

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Annual Report

Service Plans and Annual Reports are completed as the two key components of an accountability cycle. This document is a companion to the *Student Health Partnership: Service Plan Guidelines for 2009/2010.* It is intended to provide information and direction to assist Partnerships in completing their Annual Reports for2009/2010.

The Annual Report is a public document. The Annual Report describes the progress and results of the Partnership's activities supported by funding allocated through Student Health (SH).

In preparing the Annual Report, the Partnership must ensure that the document is congruent with its 2009/2010 Service Plan with respect to key elements such as performance measures, targets, strategies, human resource planning and financial planning.

The Annual Report is due **November 30, 2010** and **must** include the following six required components:

1. Statement of Accountability
2. Brief Highlights of 2009/2010
3. Progress and Results
4. Human Resources
5. Continuous Improvement
6. Financial Summary.

See Appendix A, page 10 for a checklist of required components.

Required Components

1. Statement of Accountability

The statement of accountability is signed by the Chair of the Student Health Partnership on behalf of the Partnership, confirming that all partners have:

1.1 ensured the accuracy of the information contained in the Annual Report

1.2 made a commitment to the Student Health Partnership to take actions for continuous improvement

1.3 made a commitment to the Student Health Partnership to use Student Health funding *only* for eligible Student Health Services for identified students with special health needs to enable them to be successful at learning

1.4 made a commitment to the Student Health Partnership to maintain funding for student health services at their September 1998–August 1999 total estimated baseline level or greater

The Partnership must print the Statement of Accountability page and send a signed original to the Provincial Coordinator including the date that the partnership met to review and approve the Annual Report

1.5 Description of Accountability Mechanisms
With the removal of the requirement for each individual partner to submit a Statement of Accountability, the focus of accountability for baseline expenditures shifted to Partnerships from the province. Subsequently, Partnerships recommended that the concept of baseline expenditure commitments be reviewed to determine its continued relevance and to identify potential alternate mechanisms to ensure accountability for maintaining partner-funded student health services (*2003 Review of the Student Health Initiative: Recommendation #10)*. In order to determine what accountability mechanisms Partnerships have adopted, describe in this section the mechanisms your Partnership uses to ensure the accountability of the partners for maintaining partner-funded student health services.

What is the Chair of the Partnership's responsibility in signing the Statement of Accountability on behalf of the Partnership?
The Chair must ensure that the Partnership has a process in place that documents each partner's commitment to the components of the Statement of Accountability (e.g., minutes of a Partnership meeting).

2. Brief Highlights

The Annual Report must provide a brief overview (1/2–1 page) of the Partnership's operations, major accomplishments and challenges during the 2009/2010 school year. Brief highlights may include the following information.

- A summary of any changes to the Partnership's service delivery model and a description of the impact of these changes.
- Information about student needs and how the Partnership has met these needs.
- Enhancements to service delivery.
- Challenges faced in service delivery.
- A summary of any changes to the Partnership's planning and governance model and a description of the impact of these changes.
- Any additional information the Partnership wishes to provide.

3. Progress and Results

This section provides a summary of the Partnership's results in the performance measures set out in the 2009/2010 Service Plan. The Partnership is required to report on each of the measures from their Service Plan.

3.1 Number of Students Served Performance Measures

This section is intended to report on the actual numbers of students with special health needs the Partnership served **with SH funds** in each eligible Student Health service category.

The Service Plan Guidelines for 2009/2010 required the inclusion of a measure of the number of students to be served in each of the service categories provided by the Partnership. For each of the Partnership's "number of students" measures:

- Restate the target as it was written in your 2009/2010 Service Plan.
- State the actual number of students served.
- Explain any variance between the target set in the Service Plan and the actual results.

Check "not applicable" for any service types that the Partnership does not provide.

Note: If the Partnership delivers an eligible Student

Health Service to a group of students rather than individually, only identified students with special health needs are counted as students served with SH funds. Other students may participate and benefit from the group format, but are not counted as receiving the service under the SH.

What kind of information should be presented as an explanation of variance for the number of students served?
The information provided should describe the factors (positive and/or negative) that contributed to the Partnership's results on the performance measure. For example:

- Our inability to recruit to one of four Family-School Liaison positions resulted in 25% fewer children being served.
- The addition of group service delivery for elementary school students with speech-language delays resulted in 30% more students being served.

3.2 Results of Classroom Teacher Surveys

The Service Plan Guidelines for 2009/2010required the completion of a survey of classroom teachers. The purpose of the survey is to obtain teacher feedback on six required questions about the efficiency and effectiveness of services provided by the Partnership. A sample questionnaire that your Partnership may use with classroom teachers is included with these guidelines in Appendix B (page 11).

In the Annual Report, provide a brief description of the methodology used to complete the teacher survey. For each of the six required questions:

- Restate the target as it was written in your 2009/2010 Service Plan.
- Explain any variance between the target set in the Service Plan and the actual results.

What kind of information should be presented as an explanation of variance for teacher survey items?
The information provided should describe the factors (positive and/or negative) that contributed to the Partnership's results on the performance measure. For example:

- Teachers indicated that over the past year they have been provided very helpful information about services provided to their students and about interventions they could use in the classroom.

- Teachers were particularly concerned about wait lists for emotional/behavioural services.
- Teachers indicated that they did not have a clear understanding of available services and eligibility criteria.

How will teacher survey results be calculated and how will the data be used?

Only teacher surveys with responses to each of the six questions should be utilized. All six questions should therefore have the same number of responses in the Annual Report.

Teacher survey results are not used to compare the performance of Partnerships. This would not be a valid comparison because of differences in survey methodology and in the service delivery models. However, teacher survey results can and should be used by Partnerships to compare their results from year to year. This will help Partnerships to identify areas that have improved as well as areas that require continued attention and improvement.

3.3 - 3.5 In 2009/2010 ALL Partnerships will be required to complete and report ALL surveys)

In addition to the Teacher Survey, in your annual report you are required to report on the following surveys:

3.3 Results of Parent/Guardian Surveys

The purpose of the parent/guardian survey is to gather feedback on eight required questions regarding the efficiency and effectiveness of services provided by the Partnership. A sample of the questionnaire completed by parents/guardians for the Partnership is included with these guidelines in Appendix B (page 12).

In the annual report, provide a brief description of the methodology used to complete the parent/guardian survey. For each of the eight required questions:

- State the results achieved.

3.4 Results of Service Provider Surveys

The purpose of the service provider survey is to obtain service provider (for example: an Occupational Therapist) feedback on seven required questions regarding the efficiency and effectiveness of services provided by the Partnership. A sample questionnaire completed by service providers is included with these guidelines in Appendix B (page 13).

In the Annual Report, provide a brief description of the methodology used to complete the service provider survey. For each of the seven required questions state the results achieved.

3.5 Results of Partner Surveys

The purpose of the survey was to obtain partner (for example: a Regional Health Authority) feedback on all five questions regarding the efficiency and effectiveness of services provided by the Partnership. A sample questionnaire completed by partners is included with these guidelines in Appendix B (page 14).

In the Annual Report, provide a brief description of the methodology used to complete the partner survey. For each of the five required questions state the results achieved.

What kind of information should be presented as an explanation of variance for the parent/guardian, service provider, and/or partner surveys?

The information provided should describe the factors (positive and/or negative) that contributed to the Partnership's results on the performance measure. For example:

- Parents indicated that they were involved in the development of a service plan for their child.
- Parents were particularly concerned about wait lists for speech-language pathologist services.
- Service providers indicated that students were progressing towards meeting their Service Plan goals.
- Service providers indicated that they were unable to provide services within a reasonable amount of time, due to information missing in students' referral packages.
- Partners indicated that the various partners worked in a positive collaborative manor.

How will survey results be calculated and how will the data be used?

Only surveys with responses to each of the questions should be utilized. All questions should therefore have the same number of responses in the Annual Report (Parent/Guardian: 8, Service Provider: 7, Partner: 5). In calculating the percentage of respondents that agree/strongly agree, "unsure" or "don't know" responses will be included as part of the total, however, "not applicable" responses will not be included.

The purpose of the surveys is to help assess whether students had access to the services they needed and whether the support they received helped them become more successful in their school programs.

3.6 Additional Performance Measures

Partnerships have the option of including performance measures other than those listed above. For each of the Partnership's additional performance measures:

- Restate the performance measure as it was written in your 2009/2010 Service Plan.
- Restate the definition of the performance measure as it was written in your 2009/2010 Service Plan.
- Restate the method of calculating as it was written in your Service Plan.
- Restate the target as it was written in your 2009/2010Service Plan.
- State the actual results achieved.
- Explain any variance between the target set in the Service Plan and the actual results.

4. Human Resources

The Annual Report must include information about human resource utilization in each service category provided by the Partnership. For each service type:

- Restate the planned number of professional FTEs as stated in your Service Plan.
- State the actual number of professional FTEs employed/contracted.
- Explain any variance between the professional FTEs planned in the Service Plan and the actual results.
- Restate the planned number of paraprofessional FTEs as stated in your Service Plan.
- State the actual number of paraprofessional FTEs employed/contracted.
- Explain any variance between the paraprofessional FTEs planned in the Service Plan and the actual results.

Check "not applicable" for any service types that the Partnership does not provide.

5. Continuous Improvement

Continuous improvement is an ongoing process to support growth and accountability. It involves monitoring progress, evaluating outcomes, and determining how improvements in performance can be achieved.

Based on the Partnership's evaluation of its progress and results in, particularly the results on all performance measures, the Annual Report must identify continuous improvement activities. Some of these activities may have been identified during the 2009/2010 school year, and implementation of these activities may already be underway. Others may be newly identified and require further planning prior to implementation.

The Partnership must review and consider taking action on performance measures where the results did not achieve the targets identified in the Service Plan. At a minimum, the Partnership must identify two priority continuous improvement initiatives that are directly linked to performance measures. This may move the Partnership towards achievement of the target in the coming year. For example:

- In order to increase the number of students served, and to decrease wait lists, some speech-language services will be delivered in groups to eligible students.
- In order to improve coordination of services for children who need more than one student health service, case conferences will be scheduled at the outset of services for these children. Case conferences will minimally include the parent, teacher, and service providers.

6. Financial Summary

The financial summary **must** include the Financial Statement for the Service Plan Year (Appendix C, page 15).

The Chief Financial Officer of the Partnership's Banker and the Chair of the Partnership both must sign the Financial Statement. A signed original must be submitted to the Provincial Coordinator.

What is the Chief Financial Officer's responsibility in signing the Financial Statement?

By signing the Statement, the Chief Financial Officer is confirming that:

- the funds released by Alberta Education to the banker school jurisdiction for use by the Partnership were received
- the funds were disbursed according to the direction provided by the Partnership
- the Statement accurately reflects the financial information provided by the Partnership.

What is the Chair of the Partnership's responsibility in signing the Financial Statement?
By signing the Statement, the Chair is confirming that the Partnership has a record of the direction it gave the banker school jurisdiction for disbursing funds according to the Service Plan and of the use each partner made of the disbursed funds. For example, components of this record could be budgets and minutes of Partnership meetings.

Additional Comments

The electronic template allows space to provide any additional comments the Partnership wishes to share.

Submission Timelines and Process

Upon receipt of a Partnership's Annual Report, it will be reviewed by the Provincial Coordinator in consultation with the provincial partners, and a response will be provided to the Partnership Chair. The response will provide general comments and feedback, as well as any required changes to meet the Annual Report requirements.

Information from the Partnerships' Annual Reports will be consolidated into a Summary of Annual Reports that will be communicated to Partnerships, the provincial partners, and made available to the public through the Student Health website.

The following items must be submitted as hard copies to the Provincial Coordinator by November 30, 2010:

- Statement of Accountability signed by the Partnership Chair.
- The budget report form signed by Chief Financial Officer of the banker school jurisdiction and the Partnership Chair.
- Date where the Partnership met to review and approve the Annual Report

Appendix A — Checklist for the Required Components of the Annual Report, Due: November 30, 2010

The Annual Report describes the progress and results of the Partnership's activities supported by funding allocated through the Student Health (SH).

- ❑ In preparing the Annual Report, the Partnership must ensure that the document is congruent with the Partnership's Service Plan for the corresponding school year.

1. Statement of Accountability

The statement of accountability is signed by the Chair of the Student Health Partnership on behalf of the Partnership, confirming that all partners have:

- ❑ ensured the accuracy of the information contained in the Annual Report
- ❑ made a commitment to the Student Health Partnership to take actions for continuous improvement
- ❑ made a commitment to the Student Health Partnership to use SH funding only for eligible student health services for identified students with special health needs to enable them to be successful at learning
- ❑ made a commitment to the Student Health Partnership to maintain funding for student health services at their September 1998–August 1999 total estimated baseline level or greater.
- ❑ **Description of Accountability Mechanisms**
  Describe the mechanisms used to ensure accountability of the partners for maintaining partner-funded student health services.

2. Brief Highlights

- ❑ Brief highlights of the Partnership's major accomplishments and challenges, along with a summary of any changes made to the Partnership Service Delivery model.

3. Progress and Results

- ❑ **Number of students served with SH funds**
  The actual numbers of students with special health needs who received eligible Student Health services in each service category. Explain any variance between the target number of students to be served and the actual results.

- ❑ **Classroom teacher ratings of efficiency and effectiveness**
  Summarize how the classroom teacher survey was carried out. Identify the results of the ratings of classroom teachers within the Partnership. Explain any variance between the target percentages for classroom teacher ratings and the actual results.

- ❑ **Parent/Guardian, Service Provider, and Partner ratings of efficiency and effectiveness.**
  Complete each summary separately (i.e. 3 different summaries). Summarize how each survey was carried out. Identify the results of the ratings within the Partnership. Explain any variance between the targets and the actual results.

- ❑ **Other performance measures from the 2009/2010 Service Plan**
  Identify the results of the performance measures for any additional goals set by the Partnership for the 2009/2010 year (e.g., student, parent and other stakeholder satisfaction). Explain any variance between the target and actual number of FTEs that were employed/contracted.

4. Human Resources

- ❑ Identify the target (planned) number of FTEs to be employed/contracted in each eligible Student Health service category and the actual number of FTEs employed/contracted. Explain any variance between the target and actual number of FTEs that were employed/contracted.

5. Continuous Improvement

Based on the Partnership's evaluation of its progress and results in 2009/2010, identify:

- ❑ Continuous improvement activities already initiated and/or to be commenced in the 2010/2011 school year
- ❑ At least two continuous improvement activities that are directly linked to performance measures where targets were not achieved.

6. Financial Summary

The Chief Financial Officer of the Partnership's Banker and Chair of the Partnership must sign the completed Financial Statement.

Annual Report Submission

- ❑ By November 30, finalize Annual Report submission
- ❑ By November 30, submit signed Statement of Accountability and Financial Statement to the Provincial Coordinator (with original signature).
- ❑ Date where the Partnership met to review and approve the Annual Report

Appendix B — Sample Surveys

a. Classroom Teacher Survey about Student Health Services

You have been randomly selected to participate in a survey about Student Health Services.

Please complete this survey **only** if some of your students have special health needs that affect their ability to participate in, and/or take full advantage of their school program.

- By **"special health needs"** we mean physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions and/or emotional/behavioural disabilities.

This survey asks questions about the Student Health Services provided to your students with special health needs.

- By **"Student Health Services"** we mean health and related support services that help these students participate fully in their education programs to attain their potential and be successful at learning.
- We **do not** mean special education services nor services intended to benefit all students, such as prevention programs, bully proofing, diversion, conflict management, school health nursing or nutrition programs.
- Examples of Student Health services include speech-language therapy, occupational therapy, physical therapy, respiratory therapy, audiology, clinical nursing services and emotional/behavioural supports.

Please rate the degree to which you agree with the following statements regarding the Student Health services provided to your students with special health needs during the **current school year**. Please be sure to respond to each question. Please note that "not applicable" is only a response option for question 6. Because this survey is to be completed only by teachers who have students with special health needs (as described above) all other questions should be relevant to respondents.

		Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
i.	For each of my students with a special health need, an adequate plan is in place to provide Student Health Services.					
ii.	It is easy to refer students for Student Health Services.					
iii.	Student Health Services are provided within a reasonable time after a referral.					
iv.	The Student Health Services that my students need are available.					
v.	The Student Health Services have improved my students' abilities to be successful at learning.					
vi.	For my students who need more than one Student Health Service, the various services are well-coordinated.					

Please return this survey to _____ (contact name) _____ by ___ (date) _____.
Thank you for taking the time to participate in this survey.

Part 2: Did your student(s) require more than one Student Health service? (circle) YES / NO If you answered YES, please complete the following question.

		Strongly agree	Agree	Disagree	Strongly Disagree
1	If my student(s) needed more than one Student Health service, the various services were well coordinated.				

b. Parent/Guardian Survey about Student Health Services

A service provider has given you this survey to complete because you are the parent or guardian of a student who recently received _____. Your participation is voluntary and you may refuse to answer any of the questions. All responses that you provide will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*. To maintain anonymity, please do not write your name on the survey. Comments may be written on the reverse of this page. **Please return the survey in the attached envelope by _____.**

- By **"special health needs"** we mean physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions and/or emotional/behavioral challenges.
- By **"Student Health Services"** we mean health and related support services that help these youngsters be successful in their school programs.
- Examples of Student Health services include speech-language therapy, occupational therapy, physical therapy, respiratory therapy, audiology, clinical nursing services, and emotional/behavioral supports.
- We **do not** mean special education services nor services intended to benefit all learners, such as drug or alcohol prevention programs, bully proofing, school health nursing, or nutrition programs.

Please rate the degree to which you agree with the following statements regarding the Student Health Services provided to your child during the **current school year**. Place a check in the appropriate box. "Not applicable" is a response option only for question **vi**.

		Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
i.	I was included in the development of the Service Plan* for my child.					
ii.	The referral process was easy.					
iii.	The Student Health Service was provided within a reasonable time** after the referral.					
iv.	The Student Health Services that my child needs are available.					
v.	The Student Health Service has improved my child's ability to be successful in his/her school program					
vi.	If my child needed more than one Student Health Service, the various services were well coordinated.					
vii.	I had sufficient contact and communication with the service provider.					
viii.	Overall, I am satisfied with the Student Health Service that my child received.					

* A "Service Plan" is one that sets clear goals for the student health service related to the student's ability to be successful in his/her school program.

** A "reasonable time" from referral to service provision is the amount of time required to process the referral, develop a Service Plan and initiate service delivery.

Part Two: Did your child require more than one health service? (circle) YES / NO

If you answered YES, please complete the following additional question.

		Strongly Agree	Agree	Disagree	Strongly Disagree
1	If my child needed more than one health service, the various services were well coordinated.				

Please return this survey to _____ by _____.
(contact person) (date)

Thank you for taking the time to participate.

c. Service Provider Survey about Student Health Services

As a student health service provider, you are invited to participate in a voluntary survey designed to assist in improving Student Health Services. You may refuse to answer any of the questions. All responses will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*. To maintain anonymity, please do not provide your name. Comments may be written on the reverse of this page. Please complete this survey **only** if you have provided services to students who have special health needs that affect their ability to be successful in their school programs. By **"special health needs"** we mean physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions and/or emotional/behavioral challenges. **Please return completed surveys in the attached envelope by _____.**

By **"Student Health Services"** we mean health and related support services that help these students be successful in their individual school programs.

- Examples of student health services include speech-language therapy, occupational therapy, physical therapy, respiratory therapy, audiology, clinical nursing services, and emotional/behavioral supports such as family /school liaison, mental health or psychological services.
- We **do not** mean special education services nor services intended to benefit all learners, such as prevention programs, bully proofing, diversion, conflict management, school health nursing, or nutrition programs.

This survey is to be completed by individuals who have provided services funded by Student Health.

Part One:

Please rate the degree to which you agree with these statements about the Student Health services you provided to relevant students during the **current school year**. Place a check in the appropriate box.

		Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
i.	I contribute to the development of Service Plans* for students.					
ii.	The referral information I receive provides me what I need to provide Student Health Services to students.					
iii.	I am able to provide Student Health Services within a reasonable time** after the referral.					
iv.	The Student Health Services that students need are available.					
v.	The students achieved the service goals					
vi.	For students who need more than one Student Health Service, the various services are well coordinated.					
vii.	I am satisfied with the level of teamwork among the students' parents, teachers and service providers.					

* "Service Plans" set clear goals for the student health service related to the student's ability to be successful in his/her school program.

**A "reasonable time" from referral to service provision is the amount of time required to process the referral, develop a Service Plan and initiate service delivery.

NEW

Part Two:
This measure will help assess whether students who completed services met their goals and/or benefited from service provider recommendations.

1. The total number of students who completed a service between July 1, 2009 and June 30, 2010

2. Of those students who completed a service between July 1, 2009 and June 30, 2010, following tables. You may complete **one or both** depending on the service model

If students' **goals** were set:

Number of students who met **all** (100%) of their goals	___number of students
Number of students who met **most** (75%–99%) of their goals	___number of students
Number of students who met **some** (50%–74%) of their goals	___number of students
Number of students who met **few** (1%–49%) of their goals	___number of students
Number of students who met **none** (0%) of goals	___number of students

If **recommendations** were proposed:

Number of students who benefited from **all** (100%) of the recommendations	___number of students
Number of students who benefited from **most** (75%–99%) of the recommendations	___number of students
Number of students who benefited from **some** (50%–74%) of the recommendations	___number of students
Number of students who benefited from **few** (1%–49%) of the recommendations	___number of students
Number of students who met **none** (0%) of the recommendations	___number of students

d. Partner Survey - Student Health Services

You have been given this survey to complete because you are a representative of a partner organization within a Student Health Partnership. Your participation is voluntary and you may choose not to answer any of the questions. All responses that you provide will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*.

To maintain anonymity, please do not write your name or the name of your partner organization on the survey.

Please return the survey in the attached stamped, addressed envelope by _____.

Terminology

By **"special health needs"** we mean physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions and/or emotional/behavioral challenges.

By **"Student Health Services"** we mean health and related support services that help these students be successful in their school programs.

- Examples of student health services include speech-language therapy, occupational therapy, physical therapy, respiratory therapy, audiology, clinical nursing services, and emotional/behavioral supports.

- We **do not** mean special education services nor services intended to benefit all learners, such as drug or alcohol prevention programs, bully proofing, school health nursing, or nutrition programs.

Please rate the degree to which you agree with the following statements regarding Student Health Services provided by your partnership during the **current school year**. Place a check in the appropriate box.

		Strongly Disagree	Disagree	Agree	Strongly Agree
i.	For students who need more than one Student Health Service, the various services are well coordinated.				
ii.	Partners plan collaboratively.				
iii.	Partners make decisions collaboratively.				
iv.	Partner funded and Student Health Funded Services are well integrated.				
v.	The Student Health Services improve students' abilities to be successful in their school programs.				

Appendix C — Financial Statement for the Service Plan Ended Year August 31, 2010

STUDENT HEALTH PARTNERSHIP: _____ Schedule 1 - Service Delivery Costs

Financial Statements for the Service Plan Year Ended August 31, 2010

Program Area	# of Students Served (Note 7)	Professional Human Resource Costs (Note 3)	Para-professional Human Resource Costs (Note 3)	Other Human Resource Costs (Note 3)	Other Service Delivery Costs (Note 3)	Total Service Delivery Costs 2008/2009	2008/2009 Budget	2007/2008 Actuals
Speech Language Therapy						-		
Physical Therapy						-		
Occupational Therapy						-		
Audiology						-		
Respiratory Therapy						-		
Nursing Care						-		
Emotional/Behavioural Supports						-		
Teaching Assistants						-		
Other						-		
						-		
	0	-	-	-	-	- -		-

Schedule 2 - Administration Spending Carried Forward

Total SHP Allocation 2009/2010 (including supplementals)	-	
Maximum administration limit for the year **(Note 8)**		4.5%
Administration expense limit		-
Plus: Allowable Administration Spending carried forward from previous year		
Accumulated Maximum Administration Amount		-
Less: Administration expenses for the year 2009/2010 (from the Statement of Operations)		-
Allowable Administration Spending carried forward to future years		-

Financial Statements for the Service Plan Year Ended August 31, 2010
(Name of Student Health Partnership)
Statement of Operations

	2009/2010 Actuals	2009/2010 Budget	2008/2009 Actuals (Note 9)
Revenues (Note 1)			
Annual SHP funding allocation			
Supplemental funding allocations			
Interest income			
Other Revenue			
Total Revenue	0	0	0
Expenses (Note 2)			
Service Delivery Costs -Schedule 1 **(Note 3)**			
Professional Human Resource Costs			
Para-professional Human Resource Costs			
Other Human Resource Costs			
Other Service Delivery Costs			
Total service delivery costs	0	0	0
Administration Costs **(Note 4)**			
Total Expenses	0	0	0
Net Revenue over Expenses	0	0	0
Unexpended Funds at Beginning of Year **(Note 5)**			
Unexpended Funds at End of Year **(Note 6)**	0	0	0

CFO Declaration: ON BEHALF OF THE STUDENT HEALTH PARTNERSHIP, I DECLARE THAT to the best of my knowledge and belief, the Statement of Operations fairly reflects the Partnership's revenue and expenses for the period September 1, 2009 to August 31, 2010 based on the financial information provided by the Partnership.

Signature of Banker's Chief Financial Officer (CFO):

Print Name of CFO: Date:

Chair Declaration: To the best of my knowledge and belief the Statement of Operations fairly reflects the Partnership's revenue and expenses for the period September 1, 2009 to August 31, 2010.

Signature of Chair of Partnership: Date:

Note 1 Revenues include any accounts receivable at August 31 from Government or others that relate to the service year.

- **Annual SHP funding allocation**: Annual funding allocation excluding any amounts transferred to other Partnerships.
- **Supplementary Funding Allocations:** Additional funding not included in the original budget plan including amounts transferred in from other Partnerships.
- **Interest Income:** Interest earned on the unspent funding allocation balance held by the banker board.

Note 2 **Budgeted expenses** should include all expenses expected to be incurred from September 1st up to and including August 31st of the following calendar year (1 fiscal year). This means that the Service Plan Budget Report is prepared using same accrual method of accounting as the financial statements are prepared on. Retroactive salary adjustments should be reported as a budgeted expense in the service year to which it applies, regardless of which period they will actually be paid.

Note 3 **Service Delivery Costs** are made up of four categories. The human resource costs consist of salaries and benefits, as well as time charges and contract related expense charges made by contractors. All other service delivery expenses are reflected as "Other Service Delivery Costs".

- **Professional Human Resources:** Professional salaried and contract service delivery personnel (holding a degree or accreditation) providing direct student care. E.g. Speech Therapists, Physical Therapists, Occupational Therapists, Audiologists, Respiratory Therapists, Nurses, Social Workers, Behavior Consultants, Family School Liaison Workers.

- **Para-professional Human Resources:** Para-professional salaried and contract service delivery personnel providing direct student health and support services. E.g. Service Delivery Assistants in the fields of Teaching, Speech Language Therapy, Occupational Therapy, Physical Therapy, Family School Liaison Workers.

- **Other Human Resources:** Salaried and contract personnel providing indirect service to the program. Clinical Supervisors, Service Delivery Support Staff, Service Delivery Administrative Support Staff, Evaluation Services

- **Other Service Delivery:** Travel Expenses, training, service delivery supplies, equipment for service delivery including payments to contractors for expenses other than time charges. Includes Teacher Replacement.

Equipment for service delivery purchases are not capitalized or amortized. They are expensed in the year of acquisition.

Service Delivery costs should be recorded net of recoveries received rather than reflecting these recoveries as revenue. E.g. Expenditures incurred for professional staff paid by one partnership or school division but utilized by other Partnerships that contribute to the cost. The recoveries received by the Partnership are treated as a reduction in expenses rather than as revenue.

Note 4 **Administration Costs:** Partnership co-ordinator salary and expenses, administrative support, travel expenses and banker board supply costs for operation of the partnership. When these costs exceed the "Accumulated Maximum Administration Amount" in Schedule 2 they must be recovered in future years. Administrative equipment is expensed in the year of acquisition.

Note 5

Unexpended Funds at Beginning of Year: Must agree to the unexpended funds at the end of the previous year.

Note 6

Unexpended Funds at End of Year: These funds are carried forward for expenditure the following year(s).

This amount may not agree with the balance in the banker board's trust bank account because unexpended funds include accounts receivable and are net of accounts payable.

Note 7 **# of Students Served:** Number of students who received services in each category. Students may receive more than one service and should be reported in each category. Students receiving services are counted only by the Partnership providing the service.

Note 8 **Administration expense limit:** 4.5% of grant revenue, including supplemental funds received for the year.

Note 9 **Prior year actuals:** Any significant adjustments affecting the prior year should be restated in the prior year column. E.g. Retroactive salary adjustments negotiated after the previous year's statement was filed.